Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

	ADMINIST	RATIVE	PROCEDURES	NOTICE	FILING
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AGENCY NAME Mississippi Department of Educa	CONTACT PERSON Jean Massey		TELEPHONE NUMBER 601-359-3461			
ADDRESS	CITY		STATE	ZIP		
359 North West Street		Jackson		MS	39201	
S	SUBMIT DATE	Name or number of rule(s):	D: 01		6	
jmassey@mdek12.org	3/11/2016	7 Miss. Admin. Code Pt. 81				
		Furniture Design and Manufacturing - REPEAL				
Short explanation of rule/amendment/rand Technical Education (CTE) C the CTE curriculum revision team Specific legal authority authorizing the p	urriculum Guide fo romulgation of rule: M	r Furniture Design and IS Code 37-31-103	l Manufac	turing as reco		
List all rules repealed, amended, or susp	ended by the proposed	rule: Title / Education	1 K-12 Pai	rt 81		
ORAL PROCEEDING:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
An oral proceeding is scheduled for t	his rule on Date:	Time: Place:				
Presently, an oral proceeding is not s	cheduled on this rule.					
ten (10) or more persons. The written request sho notice of proposed rule adoption and should includagent or attorney, the name, address, email addresomment period, written submissions including are ECONOMIC IMPACT STATEMENT:	le the name, address, email ss, and telephone number of suments, data, and views on	address, and telephone number of the party or parties you represer	of the person(s nt. At any time repeal may be s	making the request within the twenty-f submitted to the filin	e; and, if you are an ive (25) day public ig agency.	
TEMPORARY RULES	PROPOSED	ACTION ON RULES	FIN	IAL ACTION OF	N RULES	
Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	New rule(s) Amendmer _X Repeal of ex Adoption b Proposed final eff 30 days aft	Action proposed:		Date Proposed Rule Filed: Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: 30 days after filling Other (specify):		
Printed name and Title of person au	thorized to file rules	: Jean Massey, Associate			· · · · · · · · · · · · · · · ·	
Signature of person authorized to fi	le rules:Qeno	massey				
OFFICIAL FILING STAMP		DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP		FFICIAL FILING S	TAMP	
		H 1 2016 SISSIPPI ARY OF STATE				
Accepted for filling by Accepted for filling by #2/822				×		